

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 04, 2008 8:00 am**  
**Secretary of State**

09-04-2008 90046 006 \*\*\*\*70.00

<b>DOCUMENT # N06000006512</b> 1. Entity Name <b>WOMEN OF AUTHORITY, INC.</b>					
Principal Place of Business <b>1696 19TH ST SW NAPLES, FL 34117</b>			Mailing Address <b>501 GOODLETTE ROAD SUITE B204 NAPLES, FL 34102</b>		
2. Principal Place of Business - No P.O. Box # <b>2020 N.W. 189 TERR</b> Suite, Apt. #, etc.			3. Mailing Address <b>2020 N.W. 189 TERR</b> Suite, Apt. #, etc.		
City & State <b>MIAMI Florida</b>			City & State <b>MIAMI, Florida</b>		
Zip <b>33056</b>			Zip <b>33056</b>		
Country <b>USA</b>			Country <b>USA</b>		
4. FEI Number <b>20-5066200</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input checked="" type="checkbox"/>			<b>\$8.75</b> Additional Fee Required		
6. Name and Address of Current Registered Agent  <b>ACCOUNTING &amp; CLERICAL BY REEVES &amp; ASSOC. 501 GOODLETTE ROAD SUITE B204 NAPLES, FL 34102</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete	
	D P GOLEMON, PEARL A	1696 19TH ST SW	NAPLES, FL 34117		
	D V P GOLEMON, ALYSSA	1696 19TH ST SW	NAPLES, FL 34117	<input checked="" type="checkbox"/> Delete	
	D S YOUNG-SMITH, HELEN	2155 NW 130TH STREET	MIAMI, FL 33167	<input checked="" type="checkbox"/> Delete	
				<input type="checkbox"/> Delete	
				<input type="checkbox"/> Delete	
				<input type="checkbox"/> Delete	
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
	D P PURCELL, LaBrosker	149-B TWISTED PINE CT	LEESBURG, GA 31763		
	D V P YOUNG-SMITH, HELEN	2020 N.W. 189 TERRACE	MIAMI, FL 33056	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
	D S YOUNG, JANET	2155 N.W. 130TH STREET	MIAMI, FL 33167	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE</b> <i>Helen Young Smith</i> <b>Helen Young Smith</b> 9/6/08 305-216-2824					